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WATER WELL REPORT TO CONT. O.43877.

STATE OF WASHINGTON

Wate	r Richt	Permit	No

(1)	OWNER: Name M. EPPES	Address CO SC MENA) ALAINA	196		
(2)	LOCATION OF WELL: County / SLAND	NE NIN SOC 33 T 33 N. R. LEWM.			
2a) 	STREET ADDRESS OF			PIDTION	
(3)	PROPOSED USE: ☐ Domestic Industrial ☐ Municipal ☐ Dewater Test Well ☐ Other ☐	(10) WELL LOG OF ABANDONMENT PROCEDURE DESCRIPTION Formation: Describe by color, character, size of material and structure, and show thickness of aguilars and the kind and nature of the material in each stratum penetrated.			
4)	TYPE OF WORK: Owner's number of well 2	with at least one entry for each change of Information.	. 1		
	M		FROM	10	
	Despened	DIRTY HAMP SAND		15-	
	Reconditioned Rolary L. Jetted	THIN GUARE	<u>/8</u> 27	27	
5)	DIMENSIONS: Diameter of wellinches.	<u> </u>	4.6	<u> </u>	
	Drilled 162 feet. Depth of completed well 162 H.	//////////////////////////////////////	88	104	
	CONSTRUCTION DETAILS:		104	146	
(6)	Casing installed: • Diam. from ft. to 1SI ft. Weided Liner installed • Diam. from ft. to 1SI ft. Threaded • Diam. from ft. to 1SI ft.	WATER IN GRAVEL MIX]46_ 	162-	
	Perforations: Yes No. Type of perforator used				
	Type STAIN ESS Model No	ISLAND COUNTY WELL	SITE		
	Gravel packed: Yes No Size of gravel Gravel placed from #1.10 #1. Surface seal: Yes No To what depth? #1. Material used in seal Poid of Clay - Bentonite Did any strate contain unusable water? Yes No Depth of strate Method of sealing strate off	RECEIVED			
7)	PUMP: Menulacturer's Name H.P	AUG 1 9 1991		 	
	Lead audece elevation				
(8)	Static level 12 4 ft. below top of well Date 91 Artesian pressure	DEPT OF ECOLOGY			
	Artesian water is controlled by(Cap. valve, etc.))	Work started AUG 19/Completed AUG		199/	
(9)	WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? Yes No 1 fryes, by whom? Yield:get./min_with ft, drawdown after hrs. Recovery data (time taken as zero when pump turned off) (water level measured	Well CONSTRUCTOR CERTIFICATION: I constructed and/or accept responsibility for constand its compliance with all Washington well constant used and the information reported above a knowledge and belief.	ruction (atangai ya.	
	from well top 10 water level) Time Water Level Time Water Level Time Water Level	NAME WHIDBEY DRILLER.	S (TYPE	0 15-10	
	Date of feat	(Signe License N		29_	
	Artesian flow	Contractor's Registration DRWO 2.69MM Date AUG.		9/	
CY O:	Temperature of water Was a chemical snalyeis made? Yes No	(USE ADDITIONAL SHEETS IF NECES	SARY)		



Well Tagging Form

Unique Well Tag No: <u>APH 2</u>76

RECORD VERIFICATION (check ✓one)

Well Report available (please attach this form to the well report and submit it to the Ecology Regional

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. Do not use this form for wells that do not have a Water Well Report.

WELL OWNERSHIP, IF DIFFERENT FROM	WELL REPORT
First Name: Hill Water Association ast Name:	- PWS 041442
Street Address: POBOX 86	
City: Kenai State: AF	
LOCATION OF WELL, IF DIFFERENT FROM	WELL REPORT
Well Address: 2750 David Ln	
City: Oak Harbor County: Isla	nd
T. 33 N. R. 0/EW.M. Sec. 33	¼ of the
Latitude $\frac{48}{122}$ $\frac{18.55326}{41.82592}$.	•
Elevation at land surface feet/meters (circle one)	
SEE BACK SIDE OF BAGE	

			<u></u>	
Location of Well identification Tag:	1. sell hours	in,	Diold mon	

WELL CHARACTERISTICS

2753 Dinie LA

D	С	В	Α
E	F.	G	Н
М	L	Κ	J
N	Р	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

COMMENTS:

parce/ R13333-428-1450